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Original.

OTITIS MEDIA PURULENTA.

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Reading Hospital.

Let us, if you please, first consider the structure of the parts invaded. According to Gray the tympanum is bounded by the carotid canal in front, the mastoid cells behind, the meatus auditorius externally, and the labyrinth internally. It is filled with air, and communicates with the pharynx by the eustachian tube. It is traversed by a chain of bones called the ossicles, which connect the membrana tympanum with the labyrinth and serve to convey the vibrations communicated to the membrana tympanum across the cavity of the tympanum to the internal ear.

The cavity of the tympanum measures about five lines from before backwards, three lines in the vertical direction, and between two and three lines in the transverse direction.

Suppuration of the middle ear is one of the diseases that always comes to the general practitioner, and has not in the past and often does not at the present time receive the proper attention.

Many times the parents are told, if the patient is a child, that they should let the discharge alone, as the discharge when arrested might appear somewhere else, and it was good to have a discharge to purify the blood. Sometimes they are told the child will outgrow the disease and no harm will be done.

The time has come when we know that a purulent discharge from any part of the body is indicative of disease, and should, if possible, be brought under control.

Our surgeons and gynecologists do not

hesitate to cut or saw the tissues of any part of the body, so they may be able to follow a fistulous opening and find the source from which the discharge or secretion comes. They will at once say there is a disease somewhere, and must find out where and what it is.

If the physician who sees such cases early would give them the proper care, there would be no reason for persons going through life for thirty or forty years with a discharge of pus from one or both ears. How many cases there are that commenced from a bad cold, possibly a rhinitis, where the discharge kept up for years, where nothing had been done except simply washing externally with soap and water, being even afraid to allow any water to enter the internal canal.

Those of us who have treated many cases know how different the results are, when treated early, as compared with those where the discharge has gone on for months or years.

ETIOLOGY.

There are many causes leading to suppuration of the middle ear, and among them are the sequelae of the eruptive fevers.

First in the list are scarlet fever, diphtheria, rubeola, extending from the fauces to the ear, or beginning in the middle ear at first; anterior and posterior rhinitis, enlarged or hypertrophied turbinated bones, nasal douches, blows or falls, typhoid fever, smallpox, and there is no doubt in my mind that some are caused by forcible inflation, either by Valsalva's or Politzer's methods. Meningitis may also cause inflammation and suppuration of the middle ear.

PATHOLOGY.

The membrana tympani may be depressed owing to the swollen condition of the Eustachian tube, generally the results of naso-pharyngeal catarrh; or it may bulge outward by distension of the tympanum with air, mucus or pus.

*Read at the meeting of the Berks County Medical Society in November, 1893.

The membrana tympani becomes swollen, congested, a dark swollen appearance when the blood vessels supplying these parts break, as noticed when a drop of serum collects on the outer part of the membrane, or early before any secretion takes place.

The soft parts of the external auditory canal or tissues surrounding the canal often partake of the inflammatory character, owing to the continuity of the tissues.

Again, a part of the membrane may break, or, owing to the ulceration, or the pressure, perforation may result, thus giving an outlet to the pent-up fluid and relieving the tension of the parts. Any part of the membrana tympani may be perforated; or, more than one perforation may take place about the same time; or, from one fourth to one half of the membrane may break down; or, as I have seen in one case, nearly the whole membrane broke down as it were by a slough.

The part of the membrane likely to become perforated is where the pressure is greatest, generally the centre or below the centre.

Again, in the eruptive fevers a perforation may occur as a result of inflammation and pathological changes or gangrene of the parts than from pressure from the fluid.

The mastoid cells of the temporal bones often become involved, the parts break down or sinuses form leading from the mastoid cells to the surface, or into the external auditory canal.

The inflammation may extend into the roof of the external auditory canal, thus causing caries or necrosis of the bones, as well as destroying the soft parts by sloughing or by necrosis of the soft parts.

The inflammation may extend from the meninges or to the brain proper. The opening to the sinuses is generally through a teat or prominence. Some times the openings are covered by small polypi or by granulating tissue.

SYMPTOMS.

This is one of the diseases that is usually well marked, and it may be well said "That he who runs may read."

Pain is always present; it may be only for a few hours, or it may be present for several days before the membrana tympani becomes perforated, and the secretion flows from the external auditory canal.

The secretion may empty into the pharynx through the Eustachian tube.

The temperature is, as a rule, not very high. It may range from 100 degrees to 105 degrees F., when it is uncomplicated. Where it occurs as a sequelae from some other disease the temperature usually rises 1 or 2 degrees above the prevailing temperature when the manifest stage of suppuration takes place.

In small children who cannot express themselves as to the location of the pain, the patient is irritable, tossing its head from side to side, reaching its little hand to the ear affected, restless, not partaking of its food; then, suddenly, the discharge appears, the child becomes calm and generally has its first sound sleep for several days.

Sometimes the physician is not called until after the discharge takes place, when the mother says: "The child has been so irritable and restless for several days, when its ear began to run. Do you think it had earache?"

It happens sometimes that the perforation is not large enough at first to allow the free exit of the discharge, the secretion being too thick or not in sufficient quantity.

Should the discharge pass through the Eustachian tube, a sense of fullness in the throat, and expectoration of pus is observed; also pain in moving the inferior maxillary, owing to involvement of the external auditory canal.

Tinnitus, or noises in the ear and impairment of hearing, are generally present. The secretion may be serum pus, or blood and serum, or blood and pus; usually a thick, yellow pus, which is in quantity from a few drops to a sufficiency to continue for days, weeks, months and even years.

When the blood vessels supplying those parts break, it may be noticed as a drop of serum or blood on the drum membrane.

The soft tissue of the external auditory canal may become involved so as to be swollen, and the drum membrane cannot be seen at all, the inflammation extending owing to continuity of tissue.

There are some persons who seem to be predisposed to attacks of suppuration of the middle ear and often have attacks lasting a few days, owing to enlarged tonsils, a persistent naso-pharyngeal catarrh, as in persons of a scrofulous tendency.

Chronic purulent inflammation, or otitis media purulenta chronica, begins invariably as an acute inflammation, and is very often caused by neglect in treatment in the acute form.

Buck (1) says, "The lack of proper treatment during the acute stage is responsible for ninety-nine out of one hundred cases."

In the chronic inflammation of the middle ear, the mucous membrane may secrete a scanty mucus, or purulent matter. Where the tympanic membrane is wholly destroyed the discharge may be continuous from necrosis of the ossicles of the ear, or from necrosis or caries of the walls of the tympanum, or of the mastoid cells of the temporal bone.

Again, granular tissue may cover the perforation of the membrane, or the membrane may be entirely gone, and the external entrance may be filled with granular tissue, the acrid condition of the discharge constantly irritating the parts.

When the secretion is purulent it may burrow along the bones, underneath the soft tissue, and finally find an exit through a bulging, or teat-like orifice.

Hearing is always impaired in chronic suppuration of the middle ear, often entirely gone, sound being only conducted through the temporal bone or through the teats to the internal ear.

Diagnosis is generally easy.

PROGNOSIS.

When seen early, and not complicated by any disease, this is usually favorable, but where complications exist, then these often render the prognosis very unfavorable.

In the chronic form, the prognosis is not so favorable to an early cure, depending upon amount of tissue destroyed, condition of the tissues surrounding the wall of the tympanum, and upon the diseased condition of the temporal bone.

To be continued next number.

1. Buck: Diseases of the Ear. P. 230.

PHILOSOPHY OF MAN,*

BY JAMES E. GARRETSON, A. M., M. D.

(Continued from last number).

I am to commence the present lecture by recalling the foundational premise with which the course was opened, and

*Abstract of lecture delivered before the Garretsonian Society Jan. 30, 1894.

which is the meaning of it, namely, the life and living of a man find expression in a circle, which circle is one with his past, his present and his future. It contains his height, his depth, his narrow, his broad, his failure, his success, his hell, his heaven, his devil, his God.

Recalling here the subjects of the course as they have been studied, the impression, and I will hope conviction, is with us that life is progression, or, better expressed, perhaps, life is progressive if man pleases to make it such.

Progression and a circle being in conflict, a scientific, and in no sense a speculative reconciliation is found in the spiral. Cannot a spiral be made to reach from the ground upward into the sky? Yet is not a spiral, wherever met with or wherever measured, a circle?

Upon the blackboard are shown the two expressions of the philosophical circle. With the first, which is a simple unbroken circle, are marked at the bottom Common Sense; at one side of its horizon Educated Sense; at the other side of the horizon Egoistic Sense; at the zenith Soul Sense.

With the second circle, the spiral Common Sense is marked, as before, at the bottom; succeeding this, being upward, is Educated Sense. Above this, Egoistic Sense; still above, and highest, Soul Sense. (1).

Your lecturer is to accept that the markings on the blackboard make vivid the whole of the course that has preceded. Beginning of knowledge is with common sense observation, which character of observation confines itself to view of surface. Advance in knowledge is with educated sense observation, which observation deals with the inside of things. Both Common and Educated sense deal with a common field in that both relate with and are confined to the opaque. The opaque is what is ordinarily understood as the world of matter.

Egoistic sense, the third in the line of ascent, deals with Forms. These, as understood, are existences of the natural world, not yet come to materialization, consequently not cognizable to either common or educated sense, out of reason of not being opaque. Inventions are one with seeing Forms and materializing them; so God made the world—bringing Forms, or Patterns, out of chaos, for the use of men—so inventors, continuing

(1) Quite half an hour was spent by the lecturer eulogizing Rene Des Cartes.

creation, give continuously new things to men, as they come to sight of unused Forms and seize and materialize them.

A happy term used by Paracelsus for forms is "the immaterial material." Let it be noted that common sense and educated sense and egoistic sense are alike attributes of the animal man. As to the uses of these, men differ in degree just as lower animals differ in degree—one horse runs slowly compared with another horse which runs rapidly. The immaterial of the spiritualist, or egoistic, is one in naturalness with the spaded earth of a railway digger; this in the sense that microscopic micrococci are one in naturalness with barnyard worms which a fisher boy gathers for the baiting of his hooks.

Are perfect sight, hearing, smell, touch and taste, as these lie with common sense, desirable and profitable? Are microscopic and telescopic enlargement of sight, which add to the measure and meaning of living, to be courted and cultivated by a student? Is egoistic sense, which is the means of relation with demoralized or not yet materialized forms, not as much richer than educated sense, than is educated sense richer than common sense?

The few preliminary remarks here introduced are with a view of differentiating highest from lowest and intermediates.

Here we enter on the subject of soul.

The hypostases of Plato, as reference is to man, are matter and soul.

The hypostases of man, in the philosophy here taught, are ego, matter, soul.

By soul, Plato meant ego, in so far as he knew what he meant.

Ego we have studied and refined to its proper understanding; meaning by this one with its indisputable significance; namely, Ego is selfhood, is individuality, is I.

Body—Our studies in anatomy and physiology have shown as indisputably that this is simple environment, and not any more the I than is a coat that is worn.

Have not cats, horses, sheep and swine bodies? have these not as well individualities? has not every cat and horse and sheep and swine its I, which I is not the I of any other animal?

Does it appeal to the class as being necessary to show that man differs from the common animals in order to have it accepted that he does differ? Certainly, it is to be answered that it does so appeal.

It is not to be said that man differs from brute by reason of intelligence, for this is absolutely one with difference seen among men; nor is it to be said that man differs from brute by reason of body, for the turning of one into the other is the whole and sole mystery of eating.

Turn for explanation is to be made in another direction. The not unfamiliar saying, "That to which intelligence is confined is that with which alone intelligence is concerned," leads to this other premise.

Here I am to be allowed to refer to a previous putting-down of the subject.

To what is the intelligence of Individuality confined? First, it knows itself. Second, it recognizes itself as not being self-creating. A thing not self-creating has its office and meaning necessarily in that which is its creator. In this exists conclusion that Individuality is an agent; this out of the reason that every made thing is made for an object. Individualities are, then, agents. Agents for what? Agents to what?

Certainly it is seen, and admitted, that an agent has meaning in the intention which creates it. The fulfilment of intention by an agent is its ultimatum. A common swine grunting and swilling in a pen is what it knows itself to be; it is nothing else than what it knows itself to be. A swine eats that it may digest; it digests that it may eat. If the swine eats, sleeps, digests and makes lard, and if the swine be without consciousness of anything outside of such a circle, then it follows that lard is the all of a swine; it is the completion of its circle of intention or design. Certainly it would be in no way possible for a swine to pass to offices of the existence of which the animal could after no manner be made conscious.

After a like manner of showing, the circle of a man's intention is comprised by that which he knows of himself. Every individuality knows of its intention and meaning through senses which are its instruments of communication with things not itself; it knows thus and after no other manner. A swine has the sense of organic life; this is not disputable. What other senses has it? No other, it is to be assumed, seeing that it raises its head never above the cover of its trough. However this last may be it is undoubtedly true that unless a man be possessed of other sense or senses than are possessed by the

swine his intention and circle are the same as those of the swine, save as this may differ as difference is with ordinary animals.

It is as well to be shown that the something, or sense, as it may be defined, is a something given additionally to man over what is his in common with the lower animals.

Six senses have exposed themselves to our studies, these being senses relating strictly with matter and form, both of which are material, or, repeating Paracelsus' word, "Material immaterial."

A seventh sense is to be found, failing in which finding, meaning and destiny are one as to men and brutes.

Up to the present hour has anything been discovered that exposes to us, or that relates us, with the God? We assuredly appreciate that it is not to relate or deal with God necessarily by reason of having seen apparitions or having heard voices. We have only made here a discovery that there is a world within a world, and that both of these are our own worlds, the immaterial one of which we have never seen, just as, being without microscope, we had not even surmised a world discovered by such an instrument.

Soul.—The salutation of a Brahman to a Brahman is: "To the Divinity that is within you I do homage." By soul is meant the breaking up of the God into severalty, and his taking up, after such manner, his residence with men. Is this mystery? Consider common water. Is not a drop of water that has fallen from a cloud into the throat of a lily one with the water which is the universal ocean?

Let the expression, "The kingdom of Heaven is within you," be considered. Is the kingdom of Heaven anywhere apart from the presence of God? Is it then possible that the kingdom of Heaven be within a man save as the God is within him? Possession of Soul is a matter of election with man in no dissimilar sense than education is a matter of election with him. Men are born having to their possession neither education nor soul. Either and both are to be courted and cultivated; nor is such courting and cultivating anything different, from a practical standpoint, than is the courting and cultivating of muscle or of bone or of fat. I make no irreverent illustration in offering the famous pugilist

of the day as example of muscle courted and cultivated. The Christian's illustration of Soul courted and cultivated is Jesus, the Christ. Gautama is illustration of Soul by Buddhism. With the Chinese it is Confucius. What is meant is, that the Soulistic examples named, courted and cultivated with all their might what, in the other direction, this pugilist courts and cultivates with all his might; and that attainment, as to both sides, lies, and laid, with no dissimilar means.

An illustration affording other expression to the subject is with a passage in the Lord's Prayer, which passage, being translated or quoted, in the light of the hypostases, is found divested of its mystery, and, on the other hand, filled with a something which supports when taken hold of and used. The passage, as commonly given, is "Lead us not into temptation." Put in the light of the hypostases, it would read, "Leave us not in temptation." What is here solicited to stay is the God.

Another illustration lies with watches. The thing called "Time of day" is not a necessity to the tick-tick of a watch. Time of day, is, however, the office of a watch, and in similar significance is soul the office of a man, but both watch and man may tic-tac through a multitude of years and in no single minute of these years have present the meaning of the office.

To live after the manner of brute life is to live in the region of common sense. To reach to view of distant mountain tops is to climb after the manner of educated sense. To live upon the mountain tops and see thence a world beyond, is to live possessed of egoistic sense. To be a walking temple, carrying about the Holy Ghost, is to live and act after the manner of the demigods and saints.

A summing up may be made in the words of Amiel. "Men do not know themselves, and, therefore, they do not understand the things that are in their inner world. Each man has the essence of God, and all the wisdom of this world (germinally) in himself; he possesses one kind of knowledge as much as another, and he who does not find that which is in him cannot truly say that he does not possess it, but only that he was not capable of successfully seeking it."

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PHILADELPHIA, FEBRUARY 3, 1894.

WRITE CLEARLY.

The correspondence of a weekly medical journal is large and varied. The contributions sent in as original material are, in most cases, of some clinical value, greater or lesser in degree.

It is doubtful if would-be authors ever consider the qualifications which make an article desirable to accept, and it is often the case that those starting in the field of medical writing become discouraged at the outset, because the journal they admire, and wish to assist in a literary way, refuses their manuscripts.

It is sometimes the case that an author sends the manuscript of a very interesting case, but so illegibly written that it would take the editor two or more hours of solid work to render it fit for the printers.

Again, articles are often refused because the grammar, punctuation, syntax and spelling are beyond the repair of the editorial pen except by laborious work at rewriting.

There are a few points it is well for those desiring to report interesting cases to remember, and this especially applies to those not used to literary work.

First. That the printer knows nothing but the copy before him, and will not correct spelling, grammar or punctuation.

Second. That an editor's time is too valuable to be wasted correcting articles in which the errors are so numerous that he has to practically rewrite the manuscript; hence, such are generally refused.

Third. The advance of the times is such that most manuscripts can easily be typewritten, without much expense to the authors; therefore, there is hardly any excuse for poor penmanship at the present day, and the abundance of typewritten articles sent in, places those which are illegible in a decidedly unfavorable light, however good or desirable the substance may be.

Fourth. Short articles are much to be preferred. It is well to learn to write concisely, clearly and to the point.

Needless repetitions are out of place, and, as a rule, in this category may be placed long quotations from the ordinary text books, which nearly every physician is familiar with.

What the profession enjoys reading is, primarily, new methods of treatment, if of any value; secondly, new therapeutic preparations with explicit directions and formulae; third, new observations in pathology, new theories of etiology and advanced progress in all branches of medicine and surgery.

There is an excellent little work on this subject by Rev. E. A. Abbott, of London, which would greatly assist any one just entering upon literary work.

Another volume of inestimable help is entitled "40,000 words—Campbell's Hand-book of Synonyms and Prepositions. The right word in the right place."

Both of these are of great help when one will take a little time to clearly and properly write his manuscript for publication.

AMERICANITIS.

In an article on "the effect of climate and environment on the New England girl," Dr. Achorn, of Brookline, Massachusetts, draws an excellent but striking contrast between the boys and girls of that section.

At 10 years of age the girl is the physical equal of the boy indulging in similar sports.

At 20 she is far behind him and suffers from a new disease, which the Germans style "Americanitis"—American nervousness.

The reasons for the difference lie in the fact that the boy throughout his school life will play, will stay out of doors, will indulge in recreation of all sorts and will not study—that is, will not exert himself to study to the point of going to bed tired from study rather than play.

On the other hand, the girl, in addition to her mental duties, which, in New England she taxes to her utmost, is hampered by household occupations, plays the piano one, two or three hours a day, and at the age of 15 wears dresses the weight of which are beyond the strength of her hips to carry. Then, too, her social education is necessary, and she is allowed to attend exciting evening entertainments until a late hour. At 20, therefore, she is incapacitated for the duties of advancing life when she should be in the prime of her physical culture.

The term "Americanitis" seems to be not the one expressive of a nervous condition, but rather of an inflammatory. However, the substance of the article is true and shows the tendency of the American people to "rush" things.

DRAINS AND DRAINAGE.

To Chassaiguac the profession is indebted for first systematically expounding the principles on which drainage should be employed. But, unfortunately he, like many since his time, made it a hobby and carried it too far.

It is a surgical expedient, which has had many ups and downs and gone through many vicissitudes during the past 20 years.

At first, immediately after the advent of antiseptics, the drainage tube was poked into every sort of wound, healthy or foul.

Then the question was asked, Why drain an aseptic wound? If we have introduced no foreign material, what should there be to drain?

Now, it is pretty generally cast aside as one of those fads which has had its day. Nevertheless, it has its place in surgery, though it must be employed with discrimination and prudence.

In all deep-seated suppurating wounds it serves a dual purpose; first, in keeping an opening patent, and, next, in conducting away deeply lodged, effete material.

In most cases, however, after we have

penetrated to the bottom of a diseased part and cleaned out all its dead matter there should remain little fluid debris; and for the purpose of carrying away whatever else linger, the gauze, capillary ribbon, will serve all purposes.

Correspondence.

DIPHTHERIA.

Sir: If you will allow me a small space in your valuable journal I would like to report the treatment that I have adopted for the last three years in diphtheria. The subject is full of interest, because I have not had one death in 210 cases.

During the fall of 1890 I was called into council by a brother physician to see a case of malignant diphtheria, as the family wanted council, and thought its child would die. I must say I thought so myself. When the doctor told me there was not the least danger I was loath to believe him. But he assured me, under his mode of treatment the child would be well in eight or ten days.

He told me he had been using a preparation called diphtherine, manufactured in Chicago, Ill., in 52 cases without any death, in the last year, and urged me to try the same preparation if I had any cases. I saw the doctor about 10 days after and asked him when the child had died that I saw with him; to my astonishment he said he had ordered the sign down that day; that the child was well.

The first case that presented itself to me after that was December 7, 1890. I was called to see a child, Thomas R., aged 7 years, at 6 P. M. Temperature, 104; pulse, 140. Throat and tonsils with large dark patches. Treatment through the night by pouching the part every three hours.

December 8, 9 A. M., temperature, 100; pulse, 110; at 7 P. M., December 8, 90½; pulse, 100; December 9, 9 A. M., temperature, 99; pulse, 90; 7 P. M., temperature, 99; pulse, 85; December 10, temperature, 98½; pulse, 82. The diphtheritic patch disappeared, and rapid recovery took place; this being my first case with the treatment advised by my friend I continued with it up to this date without any death in 210 cases, so I may go on reporting case after case.

But what I wish to call the attention of the profession to are the following three cases, as a comparison with other modes of treatment. September 18, 1893, I was called to see a child, Harris B., age 7 years; child vomited during day; complained of throat, headache, anorexia, etc. At 7.30 P. M., temp. 103, pulse 120; pus running from out nose free; flushed, throat badly ulcerated, extending upon the fauces, etc.

Treatment, during night September 19, 9 A. M., temp. 101, pulse 110. Application every 3 hours.

On September 19, his sister was taken ill; Ettie P., age 5 years. On examination at 10 A. M., temp. 104, pulse 140. Patch large and extended; breath very offensive. Treatment, during the day at 9 P. M., temp. 102, pulse 120, vomiting and headache. September 20, the baby, age 14 months, had contracted the disease at 9 A. M. After examination found diphtheritic patches, large glands very much swollen, and in a state of collapse; temp. 105, pulse 150. Application every 2 hours. At 8 P. M., temp. 101, pulse 120. On September 28, I pronounced the three children out of danger, and rapid recovery took place.

On September 18, 1893, the fourth child, Willie P., aged 3 years, was taken by this grandmother to St. Paul, Minn., on a visit, not knowing the child had been exposed to the disease. The child took sick on the train. After arriving at St. Paul they called in their family physician. After examination, diagnosed diphtheria. On September 21, 1893, the child died from the disease, and was buried there.

In the four cases in this one family you can see the results of the treatment of diphtherine and without it.

I will give the treatment as carried out by me for the last three years, and hope whoever tries it will meet with the same good results that I have.

As soon as the diagnosis is made have the patient placed in a separate room.

Then apply with camel's hair brush or atomizer.

R Diphtherineounces 2
Sig.—Apply every two or three hours with camel's hair brush direct to the parts.

Internally I give:

R Hyd. chlor. cor.....grains 2
Aqua cinnamonounces 4

And the following:

R Quinia sulph.drams 1½
Pot. chlor.drams 1½
Tr. ferr. chlor.drams 2
Syrup yerb. sant. qs. ad. ounces 3
Sig.—Teaspoonful every four hours.

Regulate the dose according to the age of the patient. This constitutes the treatment with good foods, bovinin, etc. I always give whisky from the beginning of the disease. In applying the diphtherine, the membrane is dissolved very rapidly; it does not spread in three or four days; the throat is clean and healthy, the bad odor is destroyed almost by the first application. You need not apply it so often when you see the membrane disappearing.

I think this the best remedy yet discovered by any one for the cure of this dread disease. I cannot praise it too highly, and urge my medical brothers to give it treat.

As I have said, I have never lost a case of diphtheria, and I have the confidence in it to ask the profession to give it a trial. Those who do I am sure will never regret it.

Very respectfully,

P. BYRON ANTON, M. D.,

No. 429 Garfield Boul., Chicago, Ill.

(The doctor does not give the composition of the so-called "diphtherine," hence we can hardly recommend it. The record of 210 consecutive recoveries from diphtheria by the action of any one method of treatment is exceptional, providing the diagnosis is correct. We would not question the doctor's statements, but would ask if he was absolutely sure he had not sometimes mistaken follicular tonsillitis for true diphtheria.—Ed. T. and R.)

A TICKLISH QUESTION.

The testicle is a secreting gland composed of numerous seminiferous tubules, and, in some respects, is analogous to the breast of the female, which is composed of numberless milk tubules; and, just as nursing relieves the mother of excessive secretion, so sexual congress satisfies the man.

The testicles are small before puberty, enlarge afterwards, and shrink again in senility. The breasts are diminutive before womanhood, larger afterwards, increasing throughout pregnancy and lactation, and shrinking again in old age.

When the mamma is distended with milk, the woman seeks relief from her child; when the testicles are overlaid the man goes gunning for help. If a

very young man, he will probably de-grade himself; if riper in years, he will follow more manly instincts, unless he be strictly moral, in which case he may develop a rich crop of acne, blotches, and all sorts of unsightly evidences of too gross blood; or he will be tormented by irritable testicle, and involuntary losses of that which was intended for better purposes. According to Celsus, "There is a disease of the genital organs, a chronic loss of the seminal secretion, which is rendered without natural intercourse, to such excess that, in time, a man may be carried off by consumption."

What is he to do? Or what is he not to do?

We may not counsel him to prostitution. We cannot advise him to abuse himself. He may be too young or too poor to marry. It would be unwise to give him no advice, for he is miserable and will seek it elsewhere, and perhaps fall into the hands of some character who will effectually relieve him, financially.

Should he resort to a "woman of the town," he will likely get himself into trouble; if he receives the favors of a good girl, he will get her into trouble; if he remain chaste, he will be tormented by ungratified desires, and their consequences. "Wherever the use of an organ is too much neglected, its functions may become impaired and sometimes lost. When the movements of a joint are arrested for a long period, as by the confinement of splints, it gradually loses its functions and becomes permanently stiff. When muscles are kept idle, they waste and lose their power of contraction. Long confinement in a dark place will cause blindness." And the generative organs are not exempt from the universal law that "neglect to fulfill a function may be followed by inability to perform that function in the manner intended by nature."

We are told to recommend physical exercises, ennobling pursuits, scientific studies, so as to wean the thoughts from prurient desire; but where is the man who can do this always? We are animals, and animals, and our passions will at times incite us to act as such, despite the short interludes of higher aim that bear us away from the grosser instincts of nature. What shall we tell a young man to do? Won't our editor say something anent this ticklish

question, if only "pour encourager les autres?"

L. LEWIS, M. D.

(While there may be similarity between the testicle of the male and the breast of the female, inasmuch as both are secreting glands, we must not lose sight of the fact that the one, after puberty, is secreting permanently, while the other merely temporarily; hence, the analogy cannot be strictly made; for on the death of a nursing child, it is quite within the domain of physiological therapeutics to stop the secretion of milk.

Not so can we suppress, physiologically, the secretion of the testicle in the male?

Can we always say that the eruption of acne indicates fullness of blood? I think not as a rule. Indeed, observation has taught me that acne on adolescent males is suggestive of "self-abuse."

Full maturity of manhood is not reached, even in the generative organs, until the eighteenth or twentieth year, as attested by the delicacy in constitution of children of immature parents; hence, we may safely say that after that period is the physiological age for marriage, which should be encouraged from a purely physiological standpoint, with which expense has nothing to do.

Previous to this period chastity is, by all means, to be insisted upon for the welfare of the youth.

It is not necessary to encourage the growth of an organ before its legitimate use is desirable. It is safe to say that any damage to the sexual organs in the male in this respect is due to self-abuse derived from bad influences primarily.

ED. T. AND R.)

BOOKS AND PAMPHLETS RECEIVED.

THE TREATMENT OF THE VARIOUS FORMS OF CONJUNCTIVITIS AS PRACTICED AT THE GERMAN HOSPITAL. By Louis J. Lautenbach, A. M., M. D., Ph. D., Philadelphia. Reprinted from the Transactions of the Philadelphia County Medical Society for 1893.

PROCEEDINGS, Addresses and Discussions at the Sanitary Convention held at Hillsdale, Mich., July 6 and 7, 1893.

THE SUCCESSFUL MANAGEMENT OF INEBRIETY WITHOUT SECRECY IN THERAPEUTICS. By C. H. Hughes, M. D., St. Louis. Reprinted from The Alienist and Neurologist, St. Louis, Jan., 1894.

SUBINVOLUTION OF UTERUS, AND ITS TREATMENT BY ELECTRICITY. By Dr. Charles G. Cannady, Roanoke, Va. Reprinted from the New York Journal of Gynaecology and Obstetrics for December, 1893.

Book Notes.

SIR FRANCIS BACON'S CIPHER STORY.

Discovered and Deciphered by Orville W. Owen, M. D. Howard Publishing Co.

During the last half century a doubt has been growing as to the authorship of Shakespeare's plays. When this doubt had found expression in books, pamphlets and review articles to the number of 363, the writer of this notice attempted to ferret out the first heretic, and to give the names of his followers down to the days of Donnelly, the only historic resume of the controversy that had then been made. It may be found in the "Andover Review" of 1888, p. 475. Donnelly's promise to reveal the great cryptogram ended disastrously, and the great dramatist rested in peace for five years.

Now comes a new and bolder disturber with the following theory: Sir Francis Bacon, knowing himself to be a lawful son of Queen Elizabeth and Leicester (the two having been secretly married), but not daring to set up his claim to the throne, determines to make his right known to posterity. Accordingly, he composes the writings which bear the names of Shakespeare, Marlowe, Green, Peele, Spenser and the melancholy of Burton. Scattered through these is the story of his birth and fortunes, so cunningly distributed that no contemporary wit should find the clue. But in the far future he trusts some genius shall arise who will cut these works in pieces, paste them upon a wheel of proper circumference, and by reading in the right direction see the story revealed.

After the lapse of two and three-quarter centuries the discoverer has appeared in Detroit, the proverbial home of the man who knew a good thing when he saw it.

To be charitable, we must suppose that Dr. Owen is the fruit of this age of Shakespearian controversy, and the latest exponent of literary doubt. It must also be conceded that by his method of arranging the writings called Shakespeare's and others, he has produced an interesting and lurid account of Elizabeth's doings, which will confirm some of us in our opinion of the woman whom King James extravagantly flattered by adopting the name Virginia for the Old

Dominion in her honor. But the question still remains; Did Francis Bacon take all this pains to conceal his story in his lifetime and to publish it in ours? His well-known opinion of the English tongue as being inferior to the Latin for the preservation of valuable truth would seem to be inconsistent with his painful composition of so much English to hide a, to him, valueless fact, or to gratify a posthumous ambition. One wonders what might be done toward bolstering up a theory if the Bible and a few works contemporary with the translation of 1611 could be ingeniously cut up and distributed on a wheel of proper circumference and read according to the cues of "Fortune, Nature, Honor, and Reputation". Perhaps the same facts could be proven as by the other writings.

L. S.

LANDIS' "HOW TO USE THE FORCEPS," SECOND EDITION, REVISED AND ENLARGED.

By Charles H. Bushong, D. D. Published by E. B. Treat, 5 Cooper Union, New York. Price, \$1.75.

An excellent work on the use of the forceps, which every physician would find valuable to possess. It is well bound, printed and, in every respect, a fine volume, containing 120 pages.

The reviser has accomplished a good work in attesting therein the value of the views of the late Professor Landis.

The main object of the work is the proper application of the forceps during labor, with a view to not compress the fetal head in the wrong diameter, to which application the author attributes many of the still births occurring when forceps are used.

THE STRIKE AT SHANES; A SEQUEL TO "BLACK BEAUTY."

This is another of those interesting moral stories published by the American Humane Education Society, 19 Milk street, Boston. Although lacking the literary merit and originality of the former book, it will be found both instructive and entertaining.

Bureau of Information.

Under the Charge of W. F. WAUGH, A. M., M. D., Chicago, 834 Opera House Block.

ANKLE PAIN.

I have a case (my wife) of what I call rheumatism in the small bones of the ankle joint. Some weeks she is perfectly free from pain and stiffness, the next few days she suffers a good deal with it. There is hardly any tenderness on pressure, no swelling noticeable, and her general health is good. Her age is 36 years. I have used a good many so-called rheumatic medicines, but none have done more than a little temporary good. Can you suggest a treatment that would be of benefit to her?

I would add that when she gets out of bed every morning she has to limp around and get on her shoes, after which she feels less pain, as a rule; it seems to get limbered up, and probably half of the time she will not feel it much through the day.

O. E. P.

(This is probably a case of flat foot, or some similar mechanical abnormality. Rheumatism does not adhere to a single joint and never shift about.

W. F. W.)

REPETITION OF DOSES.

I am acquainted with your writings and works of dosometry, and would like to ask you a few brief questions concerning the new manual.

1. When a grain or so is the dose, do you give it in granules frequently?
2. Where can you secure all the principles mentioned in your work?
3. For the benefit of us country people, why didn't you say how often to repeat all the drugs mentioned?

W. T. Crawford, M. D., Georgeville, Pa.

(1. In most cases I give gr. 1-6 every 10 to 30 minutes till the desired effect is produced; but if a rapid and powerful or sudden effect is wanted, I give the full dose at once. Great pain or danger requires the latter course.

2. The German preparations can be best obtained from Schering & Glatz; the French from E. Fougera, and the concentrations from Parke, Davis & Co. Many drugs named in the book are not yet listed by the granule companies, but will be if a demand arises. I included all that I thought worthy of a trial, besides those in common use.

3. Many have not been tested, while the use of others varies with the disease for which they are given too much to reduce to a rule.

W. F. W.)

ORTHODOXY IN THE GOVERNMENT.

In the daily journals I note that Mr. Langley, of the Smithsonian Institute, has expurgated from the annual report of that institution parts of two papers that favored the theory of evolution. The cause assigned for this action was that the orthodox views of this country were opposed to the evolution theory.

If true, this is one of the most astounding performances of this eventful year.

Who made Langley the censor or gave him the right to speak for the country concerning its orthodoxy?

I have no recollection of any law by which any form of religious doctrine has been officially recognized by the United States. If there be none, Mr. Langley has assumed for himself the right he has exercised, setting up his individual belief as the law of the land.

If he be a Roman Catholic, he will insist that the dogmas of immaculate conception and Papal infallibility be recognized as "orthodox."

If a High Churchman, the Governmental reports must acknowledge the saving grace of baptism; if a Lutheran, transubstantiation and the Augsburg Confession must not be controverted; while if a United Presbyterian, the exclusive use of David's Psalms (Rouse's version preferred) must be strictly adhered to when a subordinate finds vent in a burst of song.

With the profoundest respect for these and all other forms of religious belief, I must protest against any attempt to saddle any one of them on the American people as its official belief. And I must strongly dissent with Professor Langley when he intimates that the religious sentiment of this nation is opposed to evolution. The disbelief in this theory is, with few and no notable objections, confined to those who have not or cannot intelligently examine the question. Countless ministers, whose orthodoxy could not be questioned, in their own denominations preach evolution weekly from their pulpits; and, far from finding their faith weakened thereby, see in it only new reasons for marveling at the superhuman wisdom of the Creator, whose footsteps are thereby uncovered, whose gigantic designs are for the first time rendered in any measure comprehensible.

We trust that the gentlemen whose reports have been mutilated in the manner stated will have the nerve to stand up for their rights; and that this senseless piece of mediæval tyranny will be disavowed at once by the Government and people, which its enforcement would expose to the contempt of the civilized world.

W. F. W.

Surgery.

Under the charge of T. H. MANLEY, M. D., New York.

RESULTS OF SCLEROGENESIS BL LANNELONGUE'S METHOD.

It was on the 6th of July, 1891, that M. Lannelongue communicated to the Institute of Paris his original researches and with M. Achard established the position of the chloride of zinc when hypodermically applied as a destructive agent on bacillary growths of a tuberculous character in the soft parts. Shortly after, he reported at the French Academy 23 cases of tuberculosis which he had successfully treated by the "sclerogenic method."

In a few words he set forth the principles on which it was employed with the technique of its administration.

He showed that it acted by first destroying foyers of suppurating tubercles and then, through inflammation which it excited, caused the aseptic resorption of the necrotic residue.

This subject was again revived at the French Congress of Surgeons, at Marseilles by Reclus and Prenguber, who highly recommended the sclerogenic method in a large range of cases.

In 1892 favorable reports came in from Bardesen, of Bucharest; Dubois, Iscovesco, Coudry, Regnier and Quesne; MM. Poux, St. Germain, Timmermans, Desguens, of Antwerp; Surchoff, of Moscow, and David, of Bordeaux. In all, 136 observations had been made. But, in the course of time, sclerogenesis was utilized for other conditions than tuberculosis, as congenital luxations, pseudarthrosis, erectile tumors, etc.

This method, however, is most serviceable in tuberculosis of a joint; of the lymphatics, or of the testicle. It has been utilized with signal advantage in osteo-arthritis at the shoulder joint, the thumb, metacarpophalangeal articulation, in Pott's disease, at the sacro-coccygeal joint, the knee and others.

The solution is made by the proportions of 1 to 20 or 1-40 of the zinc-chloride; directly inject, in non-suppurating cases, or those, in which the purulent matter is present in small quantities. In large accumulations of pus, this should be first evacuated.

In 52 cases of osteo-arthritis, there were 32 cures by the injection alone, or about 68 per cent.

It certainly is a great gain, when we are able to arrest and permanently remedy many of these tubercular joint cases by a means, which often obviates the necessity of arthrotomies, resections, grattage and other expedients, which entail the loss of blood and are never wholly free from danger.

In eractile tumors, as those composed of cancerous tissue and other neoplasms of a low type of organization, when they lie near, or on the surface, by this process of chemical sclerogenesis, they may be safely, promptly and easily dissipated.

—Coudray in (Annales D'Orthopaedie, Dec., 1893.)

Note.—There can be little doubt as to the value of chemical sclerogenesis, in properly selected cases of tuberculous inflammation; but it has a wide application in many other conditions, in which the aim in view, is the excitation of an active aseptic inflammation, in local pathological cases, as naevi, etc.

T. H. M.

SUBACUTE MASTITIS AND CANCER OF THE BREAST.

In L'Union Medicale, March 21, 1893, Reclus gives a valuable clinical lecture on the differential diagnosis of subacute mastitis and carcinoma. Subacute mastitis has for its causes, usually, traumatism and lactation. The tumefaction of the breast, the indolence of its course, the thickening and induration of the skin, the retraction of the nipple, the absence of fluctuation—these signs all belong particularly to cancer, but they may likewise accompany a subacute mastitis. While lactation predisposes to mastitis, it does not preclude cancer. While pain is in favor of mastitis, still it is far from being decisive. The same is the case with glandular involvement; in mastitis it is apt to be more violent and rapid. The various symptoms taken individually are not at all reliable, and it is only by considering all the symptoms of the case that its nature can be correctly diagnosed. Oftentimes a few days, or at most a few weeks, will resolve all doubts. Care should be taken not to amputate a breast affected only with mastitis, nor, as occurred in one of our cases, open a fluctuating cancerous nodule for a simple abscess. One should, above all, not forget that true pathognomonic signs do not exist, but that it is necessary to examine all the symptoms and especially the mode of onset and development, and whether or not it is connected with lactation.

—Univ. Med. Jour.

Therapeutics.

Under the charge of LOUIS LEWIS, M. R. C. S., Philadelphia.

SPARTEINE.

A CARDIAC REMEDY—PROMPT, CONTROLLING, TONIC, WITHOUT ACTION ON THE BLOOD PRESSURE.

Houde, in *Rev. Therap. des Alcaloides*, has an article on this drug which is of importance. He commences by relating an experiment, as follows:

"In a frog put under the influence of sparteine, then killed and completely dissected, the heart continued to beat, on the third day with such rhythm and energy that a tracing of the contractions differed but little from the normal tracing."

Laborde claims that sparteine has a dynamogenic action on the heart, essentially of central origin, with this restriction always, that the persistence of the heart beats in the frog indicates intervention of intra-cardiac ganglionic system.

The fourth quality of the drug mentioned in the title is important, viz., the want of action on, or indifference to, the blood pressure, the drug confining its action exclusively to the heart muscle.

G. See, comparing sparteine with strophanthus, expressly notices this property, "which along with a lesser laxity has the advantage of no action on the blood pressure."

The drug has also a moderating or governing action resulting from its tonic properties.

Its action is quickly manifested, and reaches its maximum in one half hour, and then the effect is sustained for some time, as the experiment cited above shows. It is a heart tonic, rapidly diminishes the dimensions of a dilated heart, regulates arrhythmic pulsation and brings them back to normal; has no action on the blood pressure, no cumulative effects, no absolute contra-indications; moderation only necessary in disorders of innervation of the heart.

The indications are—when digitalis is not tolerated; when it is necessary to act quickly; when the heart has failed, either from alteration of its walls or from inability to overcome the resistance of the circulation; when the pulse is feeble, irregular, intermittent, arrhythmic.

In dilation from any cause; in valvular disease with or without compensation; in cardiac asthma, dyspnea, pericarditis, asystole, nervous arrhythmia, angina pectoris and other neuralgias of reflex nature.

In functional trouble as palpitation, etc., in the asthma of bronchitis and emphysema, in exophthalmic goitre, as a remedy for the morphine and alcohol habits. The dose ordinarily is 10 centigrammes, but where there is disorder of innervation the dose should be less and only increased after the susceptibility of the patient has been determined.

AN ANTISEPTIC, ANALGESIC AND CALMATIVE ADMIXTURE.

H. B. Pettingill, M. D., Mystic Flats, Thirty-ninth and Broadway, New York city, in an article on "Intestinal Antisepsis" in "*New Phar. Prod.*," gives some excellent experience from which the following is selected:

Every physician knows full well the advantages to be derived from the use of antikamnia in very many diseases, but a number of them are still lacking a knowledge of the fact, that antikamnia in combination with various remedies has a peculiarly happy effect; particularly is this the case when combined with salol. Salol is a most valuable remedy in many affections; and its usefulness seems to be enhanced by combining it with antikamnia. The rheumatoid conditions so often seen in various manifestations in this country, are wonderfully relieved by the use of this combination.

The five-grain tablet containing $2\frac{1}{2}$ grains each of antikamnia and salol, is recommended highly in the treatment of cases of both acute and chronic cystitis. The pain and burning is relieved to a marked degree. Salol makes the urine acid and clears it up. This remedy is a reliable one in the treatment of summer diarrhoea, enterocolitis, dysentery, etc. In dysentery, where there are bloody, slimy discharges, with tormina and tenesmus, a good dose of sulphate of magnesia followed by salol and antikamnia, will give results that are gratifying.

In closing his paper, Dr. Pettingill adds: It is also one of the best remedies for the relief of the headache and pains of influenza.

Electro-Therapeutics.

Under the Charge of S. H. MONELL, M. D., New York.

THE FUTURE OF ELECTRO-THERAPEUTICS DEMANDS IMPROVED APPARATUS.

The development of the use of electricity in medicine has undergone a variety of vicissitudes in the generation or two since its extensive introduction.

It is now in a fair way to reach a firmly established place in medicine. Among the obstacles to the healthy growth of electro-therapeutics has been the failure of mechanical skill to perfect apparatus which would produce in practice the results desired in theory.

Every year now sees improvement in this direction, and still greater improvement is urgently needed.

Another great barrier in the pathway of electrical progress has been the somewhat partisan disposition to regard it as an agent embodying a separate system of practice rather than as one of the great group of medicinal agents which together make up the rational practice of medicine. It has tended to the disadvantage of both drugs and electricity to regard one as the rival of the other.

This feeling is lessening every year. More men of skill and experience are using electricity than ever before. They are employing a higher grade of apparatus and working toward the same accuracy in fitting the application of electricity to indications that they seek in the administration of drugs.

The history of the past is strewn with the wrecks of medical fads that have blossomed like mushrooms for a time. Some of them have brought disgrace upon the fair fame of the profession; others have been examples of a marvelous credulity; but all that any method of real merit requires to vindicate its claim to confidence is the test of actual use and the investigation of scientific men.

Had not electricity possessed the intrinsic value long ago claimed for it by advanced thinkers it would have certainly perished under the various forms of opposition it has met. When mechanical genius gave it a practical working form, however, its ultimate success was assured.

When Duchenne and Remak began laying the foundation of modern electro-therapeutics their co-workers in the field were few in number. Thousands of physicians can now treat cases with equal or greater skill, and the tendency is shown among specialists to allow electricity to stand upon its approved merits rather than over-praise it on the one hand or condemn it on the other.

Throughout our country are scattered a great number of ingenious workers in the field of electro-therapeutics, who are quietly pursuing original investigations along chosen lines, and testing every new discovery with impartial ability and skill.

Much of the benefit of this original work—invaluable in its entirety—will be lost for want of record. During the ensuing year this department of the "Times and Register" will permanently preserve for future reference and study at least fifty-two pages relating to medical electricity.

We desire to make it a department of practical value to all who are interested in this special subject, and if it may also be the means of enlisting new interest in any who have hitherto omitted this agent from their armamentarium, we shall feel that we have cause for additional gratification.

With the view to give our readers the benefit of every advance step in this branch of medicine, we invite the special co-operation of those earnest, painstaking investigators, who are habitually too busy or too modest and retiring to write long and ambitious articles, but whose brief, pointed, practical records would be as full of value and interest as an egg is of meat.

In this department we shall be glad to find room for our friends in this important field to report their experiences, discoveries, inventions and original ideas.

ELECTRICITY IN LOW AND HIGH ALTITUDES.

Professor Elihu Thomson says: "Beginning with the consideration that as we rise from the earth's surface to different altitudes there appears to be a gradual increase of potential with respect to the ground, so that at 1000 feet there may be 10,000 volts difference between the air at the top and at the surface, and this difference might increase as we reach higher altitudes."

In malarial regions it is found that the atmosphere is electrified negatively, and it is claimed that insulation with the positive static charge constitutes efficient treatment, as persons residing in low, amount of positive electricity.

Ophthalmology.

Under the Charge of J. D. TENNEY, M. D., Boston.

OPTIC NEURITIS.

The most common cause of this affection, formerly called choked disc, is tumor of the brain; although it may arise from meningitis of tubercular origin, at the base of the brain, from cerebral softening, thrombosis in the cavernous sinus and aneurism.

A tumor in any part of the brain may cause neuritis, but in the majority of cases it is in the cerebellum. Neuritis is sometimes wanting when tumors exist, as was shown by the autopsies of Edmunds and Lawford. In 107 autopsies, they found choked disc in 77, or 66 per cent. Annuske and Reich also found the cerebellum to be the usual seat of the trouble in their autopsies. Sometimes the tumor was no larger than a cherry.

An interesting case recently came under the observation of the writer. A young man of 18 years found that vision was failing in his left eye in March, 1893. He was also troubled with vomiting, and had a frontal headache. He was treated through the summer and fall for stomach trouble. He first learned in December why his vision was failing, when he came to the writer. The ophthalmoscope showed a neuro-retinitis of a violent type. The optic discs were mounds. The arteries were invisible, and the veins were tortuous and congested.

The left eye had lost light perception. The right could see 20-xxx. There was no specific history. Iodide of potassium was prescribed in 10 grain doses and increased. After two weeks, as there was no improvement, the mixed treatment was instituted. In two weeks more his vision in the right eye was 20-1xx.

The diagnosis was tumor of the brain, probably in the cerebellum. Prognosis, bad. There is vomiting every day. In other respects, the patient is comfortable. The headache disappeared with the first use of the iodide of potassium.

Nothing can be done for this young man, probably, yet the case points a moral. All practitioners should learn how to use the ophthalmoscope. In modern medical colleges, students have

an opportunity to learn the use of the instrument; but they are usually interested only in those studies that they must pass in order to graduate and the eye is neglected. This is wrong. A man going blind deserves to have a proper diagnosis made in his case in less than nine months after the disease commences.

J. A. T.

MYDRIATICS AND MIOTICS.

Mydriatics dilate the pupil, and miotics contract it. Atropine, the chief of the mydriatics, will cause the pupil to dilate if it is applied to an eye immediately after it is removed from the orbit. It has no effect upon the non-striated muscular fibre in the iris of birds; hence it is believed that its action is exerted upon the muscular fibre of the iris and ciliary muscle, and not upon the nerves.

Eserine contracts the pupil, and causes myopia in young people, if used in a solution of moderate strength. It will cause the pupil to contract if used after the eye is removed from the orbit; hence it is supposed to act as a tonic to muscular fibre, being the exact antagonist of atropine, although it is much feebler than that drug.

Cocaine dilates the pupil to a moderate degree, but produces little effect upon the ciliary muscle. It blurs the vision somewhat, chiefly because it dilates the pupil, letting in a glare of light. The pupil still reacts to light under its use. Cocaine is always a stimulant, and probably produces its effect by causing an anemia of the blood vessels in the iris, and by stimulating the sympathetic nerve. It probably causes local anesthesia. It probably causes local anesthesia by over-stimulation of the sensory nerves.

J. A. T.

Dr. G. Frank Lydston will lecture on "Social Evolution" at the College of Physicians and Surgeons, of Chicago, Thursday, February 22, 1894, at 8 P. M.

Miscellany.

DR. S. B. W. McLEOD AND THE ANTI DISPENSARY PARTY WIN THE DAY.

Monday night, the 15th ult., the most exciting election ever held by the New York County Medical Association was witnessed.

There were three candidates in the field running for president; and, singular to say, they all were objectionable, though in varying degrees.

Dr. McLeod's candidacy was distasteful because he had been president three successive years; and, it was righteously felt that it was time for him to "step down and out," and make room for some ambitious aspirant from the younger crop.

Dr. Tucker Harrison, another candidate, though, like Dr. McLeod, admired and respected by all the members, yet had been president in the near past, and it was thought best not to further encourage him to seek presidential honors.

These two honored veterans were confronted by a young man quite unknown in New York, Dr. Ferdinand Valentine, who was a member of the association but two years, but he proved that he was not wanting in fighting metal, and gave his opponents all they could do to prevent themselves from total annihilation.

For the first time political canvass tactics were pressed forward by Valentine. Nearly every member of the association was personally appealed to by his henchmen, and the night before the election the mails were employed to scatter among the electors a circular setting forth his pledges and promises.

On the night of the election the Valentine faction, which came in great force and moved compactly, had hustling about the city in every direction, while the rain fell in torrents, several coaches and cabs, to bring in the lame, the aged and the invalid.

When the polls were opened the hall of the old Academy was packed.

The McLeod columns were compared with the magnitude and solidity of the Valentine forces. Rumor was now scattered that Valentine had been a homeopathic physician; that he was yet an "unrepentant sinner;" that he and his faction only wanted to make the association an annex to another polyclinic, which New York is threatened with; that they were the same gang of specialists that brought disaster, disunion and ruin into the ranks of New York physicians 10 years ago.

This item of news, which, however, contained more truth than poetry, produced a smiling effect among those who had come to push on the young candidate.

Now that they were not to be worsted, they resorted to new tactics, and charged W. McLeod's manager, the candidate for vice president—Dr. A. D. Ruggles—with treachery and treason. A motion to put him on the rack was pressed by Dr.

Roger Pryor, but the president very prudently choked him off on a rule of order, and the balloting went on.

It was nearly midnight when the polls closed. On the first ballot McLeod, closely pressed by Valentine, came out first. Harrison was only third, though the Southern vote was thrown almost unbroken for him.

Now, as no candidate had a majority, a second ballot was cast, when the Harrison men, almost in a body, went over to McLeod, when he secured a majority, though to the last closely forced by Valentine.

PROFESSOR W. D. OUTTEN, OF ST. LOUIS, VISITS NEW YORK.

Chief Dr. W. D. Outten, of the Missouri Pacific, has been spending the past week with Professor Fulton, of Kansas City, and Dr. Perkins, in New York, visiting various hospitals and attending to business matters. Wednesday evening the party were the guests of Hon. Clark Bell. Thursday evening they were entertained by Vice President of the National Association of Railway Surgeons Dr. Thomas H. Manley, and they wound up the week by a royal reception and a grand dinner Saturday night, at the residence of Dr. Matthew D. Field, the chief surgeon of the Manhattan Elevated Railway system of New York.

The Medical Department of the Northwestern University requires four years' attendance at college, not recognizing time spent with a preceptor. It is thought, however, that arrangements will be made by which students taking a full course at the University undergraduate department may so elect their last year's studies as to save one year in the medical department.

Rush Medical College has adopted the compulsory four years' course, to apply to all students registering after the present term. The class this winter numbers 730.

Dr. F. P. Van Valkenburg, of Chicago, died January 22, of angina pectoris.

At Chillicothe, Ohio, a Catholic lady has become insane through the efforts of a Baptist minister to convert her to his faith. Is this religion?

The Coughlin and Prendergast trials have brought prominently forward a number of Chicago's leading medical lights, with the result of showing a very marked diversity as to views and also as to capability as witnesses. In one case at least the sharp attorneys were beaten at their own game.